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Attorney Docket Number	er A291-USA
First Named Inventor	Weisner
COMPLE	TE IF KNOWN
Application Number	/
Filing Date	
Group Art Unit -	
Examiner Name	
	First Named Inventor  COMPLE  Application Number  Filing Date  Group Art Unit

As a below named inven	tor, I hereby declare that:				
My residence, mailing address, and citizenship are as stated below next to my name.					
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled.					
PULSED MAGNETIC POWERED LIVING	CONTROL SYSTEM FO	OR INTERLOCKING F	UNCTIONS O	FBATTERY	
the specification of white	ch <i>(Titi</i>	le of the Invention)			
is attached hereto					
OR was filed on (MM/E	DDYYYY)	as Unite	d States Applica	ation Number or PCT International	
Application Number	and w	vas amended on (MM/DD/Y	YY)	(if applicable)	
I hereby state that I have re amended by any amendme	eviewed and understand the cent specifically referred to abor	ontents of the above identifice	ed specification,	including the claims, as	
continuation-in-part applica	to disclose information whitions, material information what filing date of the continuation	hich became available betw	oility as defined veen the filing d	I in 37 CFR 1.56, including for ate of the prior application and the	
listed below and have also	I hereby claim foreign priority benefits under 35 USC 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed				
Prior Foreign Application		Foreign Filing Date	Priority	Certified Copy Attached? YES NO	
			-  -		
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto					
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[Page 1 of 2]
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## **DECLARATION** — Utility or Design Patent Application

	ıstomer Nu Bar Code I				PR	Correspondence address below
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Address P.O. Box 905						,
Address						
City Santa Clarita				State	CA	ZIP 91380-9005
Country U.S.A.		Telephone	e (661) 775	3995		Fax (661) 775-1595
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INV				A petiti	on has been f	filed for this unsigned inventor
Given Name (first and middle [if any]) Ralph M.		-		Family or Surn		
Inventor's Signature La Wenner Date 2-19-02						
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Mailing Address 6447 Farralone Ave						•
Mailing Address						
City Woodland Hills	State CA			ZIP 91	303	Country USA
NAME OF SECOND INVENTOR	•			A petit	ion has been	filed for this unsigned inventor
Given Name (first and middle [if any]) David L.		•		Family or Surr		
Inventor's Signature Date 2-19-02						
Residence: City Lake Hughes			State CA	<u> </u>	Country USA	Citizenship USA
Mailing Address 26715 Pine Canyon R	oad					
Mailing Address						
City Lake Hughes	State C	'A		ZIP 93	532	Country USA
Additional inventors are being named	on <u>1</u>	suppleme	ental Addıtio	onal Inve	ntor(s) sheet(s) F	PTO/SB/02A attached hereto.

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## **DECLARATION**

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additiona	al Joint Inventor, if any	:	ΠA	petition has been filed	l for th	nis unsigned inventor
Given Nan	ne (first and middle [if any])			Family Nam	ne or	Surname
Richard J.			Nelson	n		
Inventor's Signature	Richau	df. 7.	lei	Son		Date 2/19/02
Residence: City	Canyon Country	State CA	C	ountry 91351		Citizenship USA
Mailing Address	20216 Lakemore					
Mailing Address						
City	Canyon Country	State CA		ZIP 91351	Count	ry USA
Name of Additiona	al Joint Inventor, if any	:		petition has been filed	d for ti	his unsigned inventor
Given Nar	ne (first and middle [if any]	)		Family Name or Surname		
Joseph H.			Sc	hulman		
Inventor's Signature	Arond H.	Sels	~~			7-21-2 Date
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Mailing Address					r	
City	Santa Clarita	State CA		ZIP 91351	Cou	untry USA
Name of Addition	al Joint Inventor, if any	<b>/:</b>		A petition has been filed	d for t	his unsigned inventor
Given Na	me (first and middle [if any]	)		Family Nar	ne or	Surname
Inventor's Signature						Date
Residence: City		State	c	ountry		Citizenship
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<b>AUTHOR</b>	IZA1	<b>LION</b>	OF	AG	ENT

Application Number		
Filing Date		
First Named Inventor	Weisner	
Group Art Unit		
Examiner Name		
Attorney Docket Number	A291-USA	

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Practitioner(s) named holow:	Lab@1446677			
Name Registratio	TENT TRADEMARK OFFICE			
Lee Jay Mandell 37,1				
Gary D. Schnittgrund 42,1				
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I am the: Applicant/Inventor.				
Application tentor.				
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
SIGNATURE of Applicant or Assignee of Record				
Name Ralph M. Weisner	•			
Signature Ralph an alasin				
Date 2-19-02				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s multiple	) are required. Submit			
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<b>AUTHOR</b>	IZA'	TIO	N C	)F A	۱G	ENT

Application Number	
Filing Date	
First Named Inventor	Weisner
Group Art Unit	
Examiner Name	
Attorney Docket Number	A291-USA

Practitioners at Customer Number OR Practitioner(s) named below:    Name   Registration Number	I hereby appoint:			
Practitioner(s) named below:    Name	Practitioners at Customer Number			
Name Registration Number  Lee Jay Mandell 37,176  Gary D. Schnittgrund 42,130  as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  Practitioner(s) at Customer Number.  Place Customer Number Brian or Individual Name  Address  Address  City  State  Zip  Country  Telephone  Fax  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name  David L. Canfield  Signature  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit				
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Signature  Date  Date  Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit	Applicant/inventor.			
Name  David L. Canfield  Signature  Date  Date  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit				
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Application Number	_
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First Named Inventor	Weisner
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Attorney Docket Number	A291-USA

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